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CONFIRMATION NO. 3533

<b>SERIAL NUMBER</b> 10/623,065	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> BBC-202
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/397,275 07/19/2002 and claims benefit of 60/411,081 09/16/2002  
 and claims benefit of 60/417,490 10/10/2002  
 and claims benefit of 60/455,777 03/18/2003

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 11/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 12
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## TITLE

Treatment of coronary disorders using TNFalpha inhibitors

<b>FILING FEE RECEIVED</b> 2222	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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